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WEST'S LECTURES ON DISEASES OF WOMEN, TWENTY PAGES.

### CLINICS.

#### HOSPITAL CLEANINGS.

*New Mode of Operating in Resection of the Elbow; Views of Continental Surgeons on Resections in General, &c.*—A very interesting case is now in St. Bartholomew's Hospital, under the joint care of Mr. LLOYD and Mr. PAGET. Previously to the operation, it was very instructive to find what the experience of the continental hospitals has been as regards this particular subject. One of Mr. Paget's colleagues, who joined in the consultation on the case, had just returned from Paris and Vienna, where he had made inquiries on the success or failure attending on resections; while another very eminent surgeon from Berlin happened also to be visiting the hospital, and suggested a very obvious and novel improvement—a mode of operation now followed at Berlin in a very great number of cases, and which, as recommended by M. Langenbeck, was adopted by Mr. Paget.

It may be of practical importance here to

state, that resections of the knee-joint, as a rule, are not practised in France and Germany. The doubts and dangers attending this mode of procedure are found in practice so great, that continental surgeons prefer amputation. It is to be noted, however, from the result of cases in the practices of Mr. Erichsen, Mr. Birkett, Mr. Holt, Mr. Fergusson, Mr. Coulson, and Mr. Solly, of London, Mr. Jones, of Jersey, Mr. Syme, of Edinburgh, Mr. Butcher, of Dublin, etc., that resections of the knee succeed best in children up to 10 or 12; but that, in patients of double that age, where the body has done growing, with the inferior sanitary and hygienic conditions of our London hospitals, the risks are proportionably increased, and we cannot calculate with great certainty on securing anything better than a short and not very serviceable extremity.

Our continental neighbours say we are too fond of cutting and display in operations on the knee and elbow; and that, in the latter operations, the orthodox H incision ought never to be the one chosen. We make a

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wound, they say, of almost interminable tediousness in healing; we destroy the ulnar nerve, and we unnecessarily expose the sawed ends of the bones, thus setting up osteo-myelitis. Mr. Paget accordingly adopted a new incision in the present case, neither the old H or F incision, but one well worth seeing, and only to be understood by observing the nature of the case itself—one of the most extensively diseased elbows that has ever been in St. Bartholomew's Hospital. Previously to the operation, the elbow was twice its natural size; the head of the radius, with its orbicular ligament, the neck, and almost the tuberosity, could be seen and felt pushed through the diseased mass. A probe passed down discovered all the usual signs of extensive disease. The synovial membrane and ligaments were entirely destroyed. The operation was performed on the 27th ult., by the one small incision recommended by M. Langenbeck; and the following is a short abstract of the case.

J. B., aged 23, a somewhat delicate looking man, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, some time in April of the present year, complaining of disease of his left elbow-joint, with extensive suppuration, the result of an injury sustained by a severe fall just four months previous to his admission, and about ten months before Mr. Paget performed the operation. On his admission, the head of the radius and the surface of the external condyle were completely bare; yet it was hoped that, by rest in hospital and mild tonic and sedative treatment, the disease might be subdued. Mr. Lloyd accordingly ordered, for some weeks, mild poppy fomentation to be applied to the parts externally, and quinine with generous diet to be given internally.

May 14. He was ordered to go on with the poppy fomentations, and to continue his quinine. The rest in hospital seems to be doing much good.

26th. He is not making much way; his stomach has been sick, and he was ordered the effervescent draught. As a rule, he has been fed on the most nutritious food, with wine and porter, according to the state of his digestion, and to the more or less of feverishness which has appeared during the progress of the case.

In September, excision seemed to be the only chance. A case of Mr. Stanley's—of

excision of the knee, which was amputated—did not seem to hold out much prospect of even resection succeeding, if not done before the man sank much lower. Accordingly, last month, Mr. Lloyd and Mr. Paget agreed to the operation of resection. Two very remarkable and successful cases of resection of the wrist joint, under the care of Mr. Stanley, have engendered a sort of *nil desperandum* philosophy in these cases in St. Bartholomew's; and though, a few years ago, amputation would have been resorted to, Mr. Paget determined to try the conservative plan by resection. It may be remarked, also, that there is now little or no discussion in hospitals as to the propriety of resections on the upper extremity, as originally held and initiated by Crampton and Syme; while, in resections of the knee, we are still very far from the truth. Mr. Paget, after the man was placed under chloroform, made one small simple incision, hoping that thereby the other openings in the parts in a state of ulceration would heal. The ends of the bones were next displaced and sawn off in the manner recently suggested by Mr. Syme. Very little exposure of the parts was necessary. The ulnar nerve was probably untouched, and the ordinary bent splint was dispensed with.

Oct. 8. The case is going on well.—*Association Med. Journ.*, October 11, 1856.

*Marked Case of Axillary Aneurism; Operation of Ligature of the Subclavian Artery; Pleuritic Symptoms; Death.*—In a case of axillary aneurism, as a last but doubtful remedy, Mr. STANLEY proceeded, on the 2d inst., to place a ligature on the subclavian at the right side, which was effected, not without considerable anxiety and trouble, in the third part of its course, close upon the aneurismal swelling, and of course immediately beyond the scaleni muscles, almost on the border of the first rib. The relations of the subclavian in this locality, as remarked at the operation by Mr. Stanley, are very complex and delicate, as above he found the brachial plexus with which he had to contend, in front the subclavian vein, and below the first rib and aneurismal sac. It will be remembered that the scalenus anticus also, one of the landmarks, is inserted into the tubercle upon the inner border of the first rib, where we find, as has been just said, the subclavian vein, as well as the phrenic nerve. The operation

between the scapula seems less troublesome; yet, with the kind assistance of Mr. Holden, Mr. Paget, and other good anatomists, the ligature was ably secured. We regret to add that the patient, after a few days, sank, when there was found considerable disease of the arch of the aorta, an incipient aneurism of the opposite axillary artery, with considerable pleuritic effusion into the chest, and a tendency, more or less general, to disease of other vital organs.—*Assoc. Med. Journ.*, Aug. 16, 1856.

*Singular Case of Foreign Body in the Bladder.*—Mr. Cock, at Guy's, has recently had more than one ordinary case of lithotomy under his care; and Mr. Callaway recently was called to a very singular case. A boy, somewhat silly in his manner, was admitted, presenting the ludicrous condition of having a common shoehorn, tied to a piece of whipcord, hanging from his urethra! The boy had been pulling at the cord, reminding one in some way of a celebrated lexicographer's definition of a fishing rod; but something which he could not or would not describe was at the opposite end, fixed in the bladder. The boy, it is believed, had been reading some bad books, and had made a long cylinder of the substance known to tailors as French chalk, which he had been pushing into the urethra, till probably, at the triangular ligament, it was drawn by the perineal muscles into the bladder. Be this as it may, Mr. Callaway had to cut down in lithotomy form, and then extracted a mass of French chalk, not unlike the little finger of one's hand. We mention the case as one of the varieties or "vagaries" of hospital surgery.—*Ibid.*

*Formidable Operation on the Jaw.*—Mr. MACKMURDO performed a very fearful operation at St. Thomas's Hospital, on the 9th inst. We say tremendous or fearful, as there is really no other word to explain or express the formidable proceeding of cutting out a huge tumour, the size of a cocoa-nut, from the upper jaw; this tumour having its deeper attachments close upon the styloid process and internal carotid in the petrous bone, covered or mixed up also with the pterygoid muscles, and engaging externally the zygoma, and all the side of the jaw and face. The nature of the tumour itself, as to its malignancy or recurrent character, unfortunately did not seem to afford much

room for speculation or doubt; while its deep attachments were not ascertained till Mr. Mackmurdo got on the carotid, and had isolated the growth from the mass of surrounding textures. The opinion, however, seems gaining ground, that these growths usually have their origin at the base of the cranium, more especially about the basilar process of the occipital bone or its vicinity.

A practical classification of these growths from the upper jaw has been made, and is observed at St. Bartholomew's, and some other hospitals. First, epulis, so familiar to the surgeon; then cystic tumours, with the walls of the bone expanded on or into a sac, with more or less of solid growth; thirdly, cartilaginous or osseous tumours, growing on the outside of the upper maxilla, this thickening often very dense and hard; fourthly, fibrous tumours, with cavities containing pus, or a glairy fluid like glue, or even actual blood. The tumour in the present case of Mr. Mackmurdo's was thought to be of this nature, if not bordering on the fifth and final division, namely, malignant or medullary tumours, consisting of various round, lobed, or nodulated masses, with a smooth membranous covering, or with a rough fungous or ulcerated shreddy surface, invested by a thick capsule, by a dense periosteum, or by partial thin laminae of bone, sometimes commencing primarily in the neighbouring glands, and extending to the jaws secondarily.

In this instance, Mr. Mackmurdo first considered that the tumour had commenced in the "aocia parotidis." The early history of the case did not throw the least light on the subject. Ice and various other therapeutic means had been tried in vain to reduce its size. Mr. Mackmurdo, we believe, was not very sanguine as to any permanent benefit from the operative proceeding; yet, as the young man and his friends wished to have the tumour removed, he complied with their desires. The case, indeed, is only interesting or instructive, as a sort of commentary on the fact, which almost every week turns up, that a patient wishes to have something done, though the surgeon cannot promise a cure. The operation was performed, as is usual in operations about the mouth, without chloroform; the patient seeming to suffer very little from the various incisions, as if the tumour was not very highly organized, or, as it struck us at the time, that the fifth and seventh nerves were

completely paralyzed, from the growth pressing on these nerves, and invading all the parts about the locality where the fifth leaves the carserian ganglion, and the seventh dips into the parotid. Mr. Mackmurdo commenced the operation by a long incision from the angle of the mouth at the left side, carried back towards the ear; the dissection of the tumour from the cheek was then skilfully accomplished, when a large growth, now reduced to the size of an orange, filled up all the maxillary space, the bones in some places being absorbed. Several large vessels, the facial, the internal maxillary, etc., here bled profusely, requiring ligatures; and a large quantity of fluid poured from a cyst, apparently, which had been cut into. It appeared well that chloroform had not been used, as the young man, at this stage of the operation, appeared quite faint, and was fed with wine. Mr. Mackmurdo meanwhile separated more of the tumour by means of his fingers and the handle of the knife; but, as we have already said, when he had reached the deep layers of the cervical fascia forming the stylo-maxillary ligament, the pterygoid muscles, and internal carotid, it was thought prudent to separate the tumour, and bring together the parts. We believe that ice as a local anesthetic might be used with advantage, in such cases as this, for the first incisions; but chloroform would be most hazardous, if not fatal.—*Ibid.*

#### LECTURE.

*Lecture on Puerperal Fever.* By W. TYLER SMITH, Accoucheur to St. Mary's Hospital, and Lecturer on Midwifery, &c.

About three thousand mothers die in childbed, annually, in England and Wales. This is an average of nearly eight deaths every day from this cause. The proportion of maternal deaths to the births, registered in several years, was found to be 1 in 171. This mortality, it must be remembered, occurs for the most part to women in the prime of life, and previously in the enjoyment of full and vigorous health. Amongst the causes of death during the puerperal period, the disease we are now considering is, of all others, the most important and fatal. The fatality from childbed fever is, however, in the present day, moderate, when compared with the epidemics of former times, in

which, of those attacked, positively none recovered; but though it is still little amenable to treatment, when it exists, there is reason to hope that preventive medicine may hereafter almost, if not entirely, eradicate this formidable disease.

The histories of puerperal epidemics and outbreaks show great diversity in the symptoms and progress of the disorder at different times. This disease evidently varies with the constitution of disease at the time it prevails, being at one time intensely inflammatory, at another time putrid, in its form. In some seasons and places the liver, in others the peritoneum, in others the uterus, in others the intestinal canal, have been attacked; and in some of the worst examples, pathology has found no other change after death than fluidity and altered colour of the blood. It may be said, in fact, upon a review of the numerous descriptions of puerperal fever, that there is hardly a form of fever or inflammatory disease which it has not, to some extent, resembled in character. The great diversities witnessed in this disease have led modern observers to assert that under the term "puerperal fever" many different and separate diseases had been described, such as phlebitis, peritonitis, hysteritis, enteritis, typhus fever, remittent fever, erysipelas, toxæmia, and other forms of disease. The tendency has been, in modern times, to dwell upon the special manifestation of the diseases, and to consider that all the various phases of the disease depend on some local disorder, or upon some specific combination of morbid phenomena. One after another, various morbid conditions have been thought to form the chief part of the disease. At the present day, the doctrine of uterine phlebitis may be said to hold this kind of pre-eminence, and there is a general tendency to consider that all the local and constitutional symptoms and pathological changes arise from this source.

The more puerperal fever is investigated and tracked, as it were, to its elements or origin, the less satisfactory does any partial or local explanation of its nature become. In the progress of such examination, it appears more and more evident that there is a puerperal poison to which the lying-in woman is liable, and which produces all the varied phenomena of puerperal fever met with in different epidemics, localities, seasons, and constitutions. In one time or person, peritonitis is produced; in another,



metritis; in another, phlebitis; in another, mammary or other abscesses; in another, low fever; in another, intestinal irritation; in another, dissolution of the blood, without a trace of local inflammatory disorder; and so on throughout the list of local or special disorders which have been described by authors in puerperal fever. It may be questioned, even, if phlebitis ever occurs without a poisoned condition of the blood, produced either as the result of contagion, epidemic influence, or the absorption of putrid matter from the uterus.

Thus, in the earliest pathological arrangements, a great number of disordered states were grouped together as puerperal fever, without attempt at discrimination or analysis; next came a laborious separation of the different forms and manifestations of the disease; and the subject seems at the present time ripe for allaying the numerous affections met with in puerperal fever together, in their origin from a common cause—namely, some Animal Poison or Zymotic Influence.

Of the occasional sporadic appearance of puerperal fever and its allied disorders, there can be no doubt. In all seasons, taking large communities, or large areas, isolated cases are met with in different localities, and in the practices of different medical men, where single patients are attacked, and where the disorder is not so severe as to extend itself by contagion or infection. In these cases, when the poisonous element is produced by the patient attacked, it probably originates from the state of the blood incidental to delivery, or depends upon the absorption of irritating or putrid lochial discharges, decomposed coagula, or portions of retained placenta. A single case produced in this way, may become contagious, and cause the disease in other patients, through the medium of nurses or attendants. It seems to be clearly made out, that in cases of this kind, and, indeed, in all cases in which contagion or infection is concerned in the propagation of puerperal disease, the risk of the spread of the disorder is greater in proportion to the adynamic type of the cases which first occur. In inflammatory cases, the risk of the communication of the disease is less than in the purer forms of fever. The most convincing proof of the sporadic origin of some cases of puerperal fever is found in those instances in which single cases occur, and no other cases

happen either in the neighbourhood or at about the same time.

As distinct from the sporadic appearance of puerperal disease, we have epidemics of puerperal fever, or puerperal inflammation, in which the disease, in its various complications, rages in certain hospitals or districts, being very dangerous at the outset, attacking the patients of different medical men simultaneously, prevailing for a certain time, and then becoming weaker and more manageable in type, until it at length disappears altogether. Epidemics of puerperal fever originate in the crowding of puerperal women together; and in the epidemic prevalence of erysipelas, hospital fever, typhus, or other disorders allied in their nature to the puerperal disease. In epidemics of this as well as of other disorders, it is exceedingly difficult in any given case to prove whether it arises from epidemic or contagious influence. The best proof we have of the existence of puerperal fever in an epidemic form, is drawn from those examples in which the disease appears in certain towns or districts and affects the patients of all the medical men alike, but is certainly not confined to the practice of one or two accoucheurs. It is observed that when puerperal fever prevails epidemically in the human subject, the lower animals die in large numbers of diseases connected with parturition.

Besides the sporadic and epidemic appearance of this disease, we have, in my opinion, evidence as irrefragable as that which can be advanced in the case of any other malady whatever, that it sometimes rages as the result of contagion and infection. Those who deny the influence of contagion, magnify the facts relating to the sporadic and epidemic prevalence of this disorder, and seek to apply them to the universal explanation of cases in which contagiousness appears most manifest. It is natural, observes Dr. Farr, for any man to shrink with horror from the supposition that he has communicated so fatal a disease to his patients, and to be disposed to receive any other explanation than that which refers it to contagion. Nevertheless, the interests of truth and humanity demand that the evidence of the contagiousness of puerperal fever should be put prominently forward.

The following are examples of the kind of evidence which exists in proof of the contagiousness of puerperal fever, and it

may be necessary to state that facts of a similar kind to those now advanced might be multiplied to almost any extent:—

A practitioner, for instance, had been attending cases of typhus fever. Within the space of four days he delivered five women. All these women were attacked with puerperal fever, and all of them died. This was in a country practice, and the cases were remote from each other. Different practices intersected the practice of this medical man at various points, but no other cases were known to have occurred in the neighbourhood. Again, a patient suffering from typhus fever was admitted into a lying-in hospital, where she remained for a few hours only. In the beds on the right hand and the left of this patient were two lying-in women; both were attacked almost immediately with puerperal fever, and both died. Take another case: a medical man was in constant attendance upon a patient suffering from gangrenous erysipelas, and between the 8th of January and the 22d of March he attended the labours of ten women; all had puerperal fever, and eight of the patients died. This was in a town of moderate size, and no other patients in the place were known to have had puerperal fever. In another recorded instance, two medical men, brothers and partners, attended in the space of five months twenty cases of midwifery. Of these, fourteen were affected with puerperal fever, a fatal result ensuing in eight cases. The only other known death from puerperal fever, in the same town, within the period named, occurred in the case of a patient attended by a medical man who had assisted at the post-mortem of one of the puerperal patients. During this disastrous period, the two brothers relinquished all their midwifery engagements for one month, in which time five of their cases were attended by other practitioners, and no instance of fever occurred in the course of that month. They then returned, and several fatal cases again happened. It is difficult to imagine anything more conclusive as regards the doctrine of contagion. A curious history in point is related by Dr. Ingleby. Two practitioners attended a post-mortem where the patient died from this disease. One was summoned in one direction to a midwifery patient, who was attacked with puerperal fever; the other attended two cases in succession, both of whom were seized with the same disease.

Dr. Robertson relates, perhaps, one of the most cogent instances of contagion and fatality on record. In the space of one calendar month, a certain midwife attended twenty cases belonging to a lying-in charity; of these, sixteen had puerperal fever, and all died. The other midwives of the same charity, working in the same districts, attended in the same time 380 cases, none of whom were affected with puerperal fever. In a large town, containing many thousands of inhabitants, and numerous medical men, fifty-three cases of puerperal fever occurred. Of these, no less than forty happened in the practice of one medical man and his assistant.

In the face of such facts as these, it does not become us to hesitate, or give out an uncertain sound respecting the contagiousness of puerperal fever. It is better to know the worst, fear the worst, and guard against the worst, than to harbour undecided opinions. I have known several instances where medical men, believing in the non-contagiousness of the disease, or hesitating between the two opinions, had gone on attending patient after patient with fatal results, until convinced of the mistake they had fallen into by successive deaths. No doubt sporadic and epidemic seizures are sometimes mixed up with those of a contagious origin, in such a manner as to require much clear-sightedness to penetrate the confusion; but the facts of contagion are, as it appears to me, placed beyond all question, and should never be lost sight of by practical accoucheurs.

Those who oppose the view of the contagious nature of puerperal fever, argue that the cases which seem most conclusively to demonstrate the communicability of the disease from one patient to another by the attendants, really depend on epidemic influences. They point also to the occasional sporadic appearance of single cases in different parts of the same city or district, in the practice of different medical men. It is also insisted upon that in some cases lying-in women have been exposed to the influence of surgical fever, or have been present in wards containing patients ill of peritonitis, without contracting puerperal fever. The very intensity of the contagious principle has been used as an argument against the existence of contagion. It has been said—How could any poison cling to an accoucheur for several weeks, as in those

instances where medical men meeting with puerperal cases have relinquished practice for awhile, but on returning have brought the disease back with them? Great stress has been laid upon personal experience, as in the case of Dr. Meigs, who attended as the consulting physician upon numerous cases in an outbreak of the disease which occurred to another practitioner, but Dr. Meigs himself never took the disease to any of his own patients. It appears to me that these difficulties are much more easy of explanation than the difficulties attending those cases in which contagion seems to be most convincingly proved. Some persons may be more liable to convey infection than others, just as one individual is more prone to infection than another. At certain times, from reasons which we cannot understand, but which we know must exist, the human organism is in such a state that exposure to infection and contagion does not affect it. Perhaps one of the strongest arguments in favour of infection or contagion is drawn from the preventive treatment of the disease. All the great reductions in the mortality have arisen from measures calculated to remove infection and contagion. In the course of a few years the mortality in the great hospital of Vienna was reduced from 1 in 10 to 1 in 74 of the mothers delivered, by the precautions taken to prevent the inoculation and infection of lying-in women. In this country the disease is much less formidable than it formerly was—a circumstance which is greatly owing to the care taken in preventing the spread of the disease by contagion and infection.

It is further necessary to insist upon the fact, that the contagious principle in the case of puerperal fever, is not limited to the transmission of puerperal fever, nor to the communication of infection from one puerperal patient to another, either directly to the lying-in woman or by attendants or nurses, but that it may be conveyed in the shape of several other animal poisons. One of the most remarkable points connected with the puerperal poison is the fact, that setting aside its sporadic and epidemic appearances, it may, in the first instance, originate from a variety of causes external to the patient herself. When once produced in this manner in single cases, it may be propagated amongst puerperal women by infection and contagion. The exposure of puerperal patients to the influence of hos-

pital gangrene will produce the disease. Medical men in attendance upon cases of erysipelas have given their patients puerperal fever. It has been made out very conclusively by Semelweis and others, that the miasms derived from the dissecting-room will excite puerperal disease. Exposure of the puerperal women to the poison of scarlatina will give rise to puerperal disease in patients proof against the reception of scarlet fever itself. The mortality amongst childbed women seized with small-pox is well known, and such patients die with the symptoms of puerperal disease, in addition to the variola. With respect to the disorders named, and probably others also, such as putrid sore-throat and sloughs or abscesses, some law evidently exists by which they may all be respectively converted into the puerperal poison. In some cases, puerperal fever and erysipelas have been observed together at the same time, and in the same patient.

A curious circumstance connected with the poison of puerperal fever is, that it may be communicated in other forms to the nurses, or attendants, and even to males. The husbands of puerperal women may be attacked by sore-throat, erysipelas, or typhus fever. Within the last few years an accomplished physician-accoucheur of this metropolis was cut off suddenly by putrid fever, after examining a woman suffering from puerperal disease. In some of the cases where the same medical man has lost numerous cases in succession, as many men and women have died from fever or erysipelas, as those who have perished from the puerperal disease. Thus, we have evidence that erysipelas, gangrene, fever, &c., in males, or unimpregnated women, may produce childbed fever, and we have the converse proof that this fever may excite other dangerous disorders, as the result of contagion, in non-puerperal persons.

How is this subtle poison conveyed from person to person? In what media of communication can it lurk? Through what channels can it reach the puerperal woman? The clothes, hair, and touch of the person exposed to the poisonous influence have been supposed to be the chief means of infection and contagion; but very remarkable cases are on record, such, for instance, as when the accoucheur has shaved his head, changed the whole of his clothes, cleaned himself by hot baths and vapour baths, and

soaked his hands in disinfecting solutions, and yet he has taken the malady about with him. I believe that in such cases the blood of the person acting as the medium of infection is affected, and that by the breath a certain halitus or infectious influence is given out, which acts upon the blood of the puerperal woman through her lungs, and thus conveys to her system the germs of the disease. As this point has a practical bearing of some importance, I desire in this place to make a few observations which may explain the position I have assumed.

If we attend a post-mortem when the smell is peculiar, if we spend some time in a lying-in room where the odour of the lochia is very strong, or if we go into any very powerful smell, the taint evidently enters the body by means of the lungs, and can be perceived subjectively by the taste or smell, or its odour can be distinctly perceived in the saliva, in eructations from the stomach, or in the urinary, cutaneous, and other secretions. Although the party thus affected may not have been exposed to the miasma or smell but for a short time, his blood gives evidence of infection for many hours, or in some cases for several days afterwards. Some habits are more prone to receive and retain this kind of infection than others. It remains so long in some cases that the odour would seem to have a power of sustentation or reproduction, otherwise it is difficult to suppose that an odour to which the lungs have been exposed, it may be for a few minutes, can infect the blood and all the secretions for twenty-four or forty-eight hours. If we can trace in this way the influence of a bad odour, surely we may admit that the same thing may happen with reference to the wonderfully subtle poison or germ in puerperal fever, or those influences which are evidently convertible into the puerperal poison, and manifest similar results in the lying-in woman. I believe that the blood of the accoucheur may take up a dose of puerperal poison without manifesting any special results in his own system, and that he may communicate it through the medium of the lungs to his patient. In the case of a poison so subtle, the air we breathe unites the circulations of the accoucheur and patient, and renders them, as it were, one. This is, probably, one great mode in which animal poisons generally are diffused. We know that the blood of persons attending patients

in scarlatina, measles, and smallpox is infected, although they are proof against the disease; and in one remarkable instance we have the positive proof that the blood is the medium of infection. I refer to cases in which pregnant women who have had smallpox in childhood, and are proof against infection, but who, on being exposed to the poison, convey the disease to the fetus in utero. Here the blood of the mother must be the medium of communication between the patient suffering from smallpox and the ovum hidden in the womb, and the lungs of the mother must be the channel by which the poison enters the circulation. This illustrates very well what I mean by saying that the blood of the accoucheur, or attendants, is one great medium which conveys the poison of puerperal fever. The saturation of the blood of the accoucheur, nurse, or midwife, may remain for a considerable time; for cases are on record in which every case attended by certain individuals for weeks or months have been affected by the disease. A practical point deducible from these remarks is, that in attending lying-in patients, after the slightest exposure to the puerperal poison, or to any miasma which can be converted into this poison, or its equivalent, in the lying-in woman, we should be especially careful not to go so near, as to establish any communication between the lungs of the practitioner and patient. In saying this, I do not mean that other means of conveying the poison, as by clothes, hair, and the surface of the body, should not also be guarded against.

The fiercest outbreaks of this disorder have occurred in lying-in hospitals, or in hospitals where lying-in women are received with surgical and medical cases, and where erysipelas, gangrene, or fever has prevailed. On this account many have doubted whether lying-in hospitals are not mischievous rather than otherwise, in the present limited state of our knowledge of the means of preventing puerperal fever. Women confined even in misery and squalor in their own homes are less liable to this disease than patients collected together in hospitals, even when the greatest care as regards cleanliness and ventilation is observed. All lying-in women should, as far as possible, be removed from the neighbourhood of any contagious epidemic or infectious disease. It should be a rule of the practical accoucheur to have as little as possible to do with



any of the animal poisons which give rise to puerperal fever. He should avoid autopsies, especially in cases of death from child-bed fever, or ordinary inflammation. The student should not attend midwifery cases while he is dissecting. After an attendance upon any suspicious case, the practitioner should change his clothes, or have them hung up in a room exposed to the fumes of chlorine; I have no doubt it would be useful for him to inhale the diluted fumes of chlorine several times a day, and after touching anything connected with any source of danger, to rinse his hands in a solution of chloride of lime or chloride of zinc. It is impossible to be too scrupulous, in a matter of such moment, and I have known some accoucheurs who, on entering a lying-in room, always wash their hands before making an examination.

In the next lecture I propose to consider the special characters of puerperal fever in its various manifestations, and the rules of treatment.—*Lancet*, Nov. 8, 1856.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

**Large Ovarian Tumour.**—Dr. DUNLOP, of Ripley Co., Ohio, removed on the 18th of November last, an ovarian tumour weighing over one hundred pounds. The patient, at the last accounts, was doing well.

**Medical Examiner.**—Dr. SAMUEL L. HOLLINGSWORTH announces, in the December No. of the *Medical Examiner*, that his connection with that journal as editor ceases with that number. Dr. Hollingsworth, during the whole period of his editorial career, has zealously upheld the honour and character of the medical profession and endeavoured to advance its interests, and we regret to lose him as a collaborator.

The *Medical Examiner* and the *Louisville Review* are to be combined under the name of the *North American Medico-Chirurgical Review*, and Profs. Gross and Richardson are to be the editors.

**Dartmouth College.**—At the Annual Commencement, held on the 12th of November, 1856, the degree of M. D. was conferred on twelve students.

**The Western Lancet.**—With the commencement of the present year, Dr. GEO. C. BLACKMAN assumes the entire control of this journal, both as editor and proprietor. The well known great industry and zeal of the new editor afford the assurance that it will be conducted with ability and on sound ethical principles.

**Transactions of the American Medical Association.**—The ninth volume of these *Transactions*, containing the minutes of the meeting held in Detroit, with reports made at that session, and the prize essay, has been published. It is a very bulky volume, containing over 900 pages, and should be in the possession of every member of the profession. Permanent members may obtain the work by remitting three dollars to the Treasurer of the Association, Dr. CASPAR WISTER, No. 479 Arch St., Philadelphia.

### FOREIGN INTELLIGENCE.

**Bronzed Skin and Pityriasis.**—At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Dr. GARDINER, in the course of some observations on bronzing of the skin, remarked that it was possible that mistakes might occur from cases of pityriasis versicolor being mistaken for Dr. Addison's disease. The distinctive characters of pityriasis were its distribution in distinct, more or less circular patches, chiefly over the breast, shoulders, and back; its being attended with increased, though not greatly increased, desquamation of the cuticle; and, lastly, the presence of a microscopic fungus, somewhat similar in structure to the parasite of tinea favosa, and to other simple mycdermatous growths. The last character had been discovered by Eichstedt. Dr. Gardiner then exhibited a demonstration of the fungus. It consisted of very numerous circular spores, infiltrated through the epidermic scales, and especially clustered in great numbers in the neighbourhood of the orifices of the sweat glands, in some instances connected with tubular processes, which, however, were difficult to follow out, incorporated as they were, to appearance, with the substance of the epidermis. To the experienced eye, Dr. Gardiner observed, there was little difficulty in ascertaining the existence of this fungus,

which, in a doubtful case, might probably prove the best test of the disease now under observation, as contrasted with other kinds of discoloration, and particularly with that connected by Dr. Addison's observations with disease of the supra-renal capsules.—*Dublin Hospital Gazette*.—*Med. Times and Gaz.*, Nov. 8.

#### *Iodine Injections into Ovarian Cysts.*

The treatment of ovarian cysts by the injection of solutions of iodine, is decidedly gaining favour with the London profession. Most of the cases which have been seen, have been treated by Dr. WEST and Mr. PAGER in St. Bartholomew's, and one is now under that of Dr. BARNES, in the Metropolitan Free. In none, we believe, has complete success been obtained; but it has been thought that, in most, the tendency to refill has been decidedly restrained. By repeated operations, probably some of the cases may yet be cured. In none have, we believe, any serious symptoms ensued. In general, the attempt to drain out the solution, after a few minutes, has been made; but in several in which this could not be accomplished, from four to six ounces of the pharmacopœial tincture has been left in without ill consequences. Two fatal cases—one in the provinces; and one in London—have come to our knowledge in which ascites was mistaken for ovarian dropsy, and the solution injected into the peritoneal cavity. In some cases, the difficulty of diagnosis is extreme.—*Med. Times and Gaz.*, Oct. 18, 1856.

#### *Treatment of Phagedæna by Irrigation.*

—The plan of treating phagedæna by the constant irrigation of the sore with warm water, recently adopted by Mr. COCK, in Guy's, to which we adverted on a former occasion, still continues to be very highly thought of. There are situations in which it is impossible to employ it, and in these the plan of making the patient sit for long periods in a warm bath, seems the best substitute. One such we recently saw under Mr. PAGER's care, in St. Bartholomew's, in which an enormous sore of this description involved the cleft of the nates in a young prostitute. It was too large for the successful use of nitric acid, and Mr. PAGER ordered the use of the warm hip-bath for long periods, and repeatedly in the day, remarking that he believed, in several he had recently treated,

that simple measure had been effectual in arresting the disease. The water should be changed while the patient is in, the *modus operandi* being that all the particles of discharge, by the contagion of which the ulceration spreads, are thoroughly washed away. A plan lately recommended by Langenbeck, of placing unhealthy stumps in a trough of warm water, constantly kept in which, he states that they heal very rapidly, probably has its advantages on the same score.—*Ibid.*

#### *Considerable Hypospadia: Fecondation.*

—Dr. TRAXEL, of Kremsier (*Weiner Med. Wochenschrift*, 1856, No. 19), was lately called upon to decide on the sex of a child, which presented exactly the same genital malformation as its father. The latter had hitherto been taken for a woman, and sleeping habitually in the same bed with a fellow-farm-servant, really of the female sex; the child had been the consequence of that circumstance. The following is the condition of the father: The penis is shorter than usual, but thicker and imperforate; the scrotum is divided in two sacs, each of which contains a testicle. At the root of the penis, in the anterior commissure of the sacs, there is a foramen, which would admit a small pea, and from that foramen springs a groove running along the under part of the penis. There is no prepuce. In the groove, and about a line behind the corona, are two elliptical openings, large enough to admit a bristle, and another small hole is observed further back, two lines from the urethral orifice. The author of the paper is inclined to believe that the anterior foramina are the orifices of the ejaculatory ducts, and that, by their means, fecondation had taken place. Perhaps it would be simpler to look upon them as the openings of the mucous ducts usually found in this region, and to conclude that fecondation had taken place at the foramen allowing of the passage of the urine.—*Lancet*, Nov. 15.

#### *Emetics in the Onset of Erysipelas.*

—Mr. HILTON, of Guy's, entertains a very high opinion of the usefulness of emetics given in the commencement of erysipelas. A case of amputation recently under his care, had erysipelas over the stump, one morning, about a week after the operation. The man was ordered to take twenty-five grains of powdered ipecacuanha, with half a grain of tartar emetic immediately; the dose to be

followed by a purgative; subsequently, by ammonia and cordials. The inflammation did not spread. A few days afterwards, Mr. Hilton took occasion to direct the attention of his class to the abortive treatment which had been adopted, stating that he believed that, in a large majority of instances, the disease might be stopped by the early adoption of it. It is an old plan, but, with many surgeons, seems to have fallen into unmerited neglect.—*Ibid.*

**Poisoning by Chloroform.**—The most extraordinary overdose of chloroform yet known was wilfully swallowed by a patient recently in London. The man drank about four ounces at one draught! Wild intoxication, followed by profound insensibility, ensued; but, after various relapses and accidents, he is now quite well!—*Lancet*, Sept. 6, 1832.

**Tapped One Hundred and Forty Times.**—The case of a woman who recently died of dropsy, from which she had suffered for five years, is alluded to in the *Lancet*, Sept. 6. She is said to have been tapped upwards of 140 times, and more than 3,000 pounds of water extracted.

**Pestilence in India.**—*Calcutta*, Sept. 22. —This side of India has this year been heavily afflicted. The work left undone by the cholera, has been completed by the inundation, and from the Punjab and every part of the gigantic valley, we have nothing but tales of suffering and loss. The pestilence broke out in Agra in May last, and in a few months slew upwards of 16,000 people. Thence it struck the native cities of Rajpootana, Bhurtpore, in particular, losing 50 men per diem. About July, it began its march to the northwest, moving along slowly and quietly to Kurnaul. Then it took a spring, missing Umballah, but striking Ferozepore, and finally concentrating its strength on the cantonment of Mean Meer. One-third of the European artillery perished in a fortnight. It then turned on the city, but its fury was spent, and, on its return march, the mortality was much less, and the disease not so fearfully rapid. At Mean Meer, men died two hours after seizure. I can send you no certain statistics, but I have a very moderate calculation before me which gives the total loss of life at upwards of 90,000 persons. It seems cer-

tain that the Mean Meer artillery barracks, where its ravages were most terrible, are notoriously the largest, best ventilated, and best drained in India. Again, the disease everywhere appears to have spared the women, and most certainly did not attack European females—a strange fact, which suggests the idea that bad liquor may be a predisposing cause. The mere cost of the outbreak to the Company, will exceed £60,000. The surgeons universally behaved nobly, and the scourge, as usual, brought out many acts of individual heroism.—*Med. Times and Gaz.*, Nov. 15, 1856.

**Congress of German Naturalists and Physicians at Vienna.**—This congress was held at Vienna between the 16th and 22d of September, and has given general satisfaction. The guests were most cordially received, the Government was extremely liberal, and the communications made in the various sections highly important. The sections were ten in number. Amongst these we may note the section of Medicine, President, M. Skoda; the section of Surgery, President, M. Dummreicher; Anatomy and Philosophy, Chairman, M. Rokitsansky; Chemistry, Chairman, M. Redtenbacher, &c. There were altogether about 1,500 members.—*Ibid.*

**Longevity in London.**—An eminent citizen of London recently gave a dinner to celebrate his seventy-second birthday, when, out of sixteen guests, fourteen had attained seventy and upwards, their united ages amounting to 1048 years, the average being seventy-five, and the two oldest were each eighty-six last birth-day. It is seldom that, in any country, such an assemblage of hale old gentlemen have ever met together on a similar festive occasion; and the fact is now recorded from its rarity, and as indicative of the great ages of many persons living in this metropolis.—*Lancet*, June 14, 1856.

**Covering Pills with Collodion.**—M. DUBRE recommends that the pills, when rolled, should be well shaken in a box after having poured a few drops of collodion over them. They become in a few minutes covered with a fine coating of this, which gives them a shiny appearance, and wholly prevents their taste being perceived. They are to be left exposed to the air for a few minutes, in order that the smell of the ether

may disappear.—*Med. Times and Gas.*, Oct. 23, 1856, from *Buchner's Reporter*, No. III.

• **Victoria Military Hospital.**—The whole of the foundations of the Victoria Military Hospital, near Netley Abbey, in Hampshire, are now laid, and the walls of the building are rising above the ground, so that a notion of the size and figure of the building can be formed. About five hundred men are at present employed on it; but next year the number will be increased to upwards of one thousand. The frontage of the hospital will be 1,400 feet, or more than a quarter of a mile in length. The general depth will be 200 feet. In the centre, the depth will be nearly 300 feet. The hospital will be 50 feet high, and three towers of dome-like shape, which will grace the centre block and two wings, will each be 100 feet in height. Nearly three million bricks have been used in merely laying the foundations. The spot on which the hospital is built is about 60 feet above Southampton Water; and the drainage of the hospital has been effected upon the most improved plan. The main sewer, of great magnitude, and of an elliptic form, runs along in the centre of the building, parallel with the front. The stone dressings with the plinths will be of Cornish granite. The view from the towers will be magnificent, overlooking, as it will, the New Forest, the Solent Sea, the Isle of Wight, and the British Channel. The hospital will accommodate one thousand patients, besides affording a residence for a large medical and government staff. The centre block of the building, projecting 90 feet from the frontage of the wings, will

contain the apartments of the staff. Behind this block, in the rear of the building, will be the chapel. The Government is buying up much land in the neighbourhood. The view of the hospital from the ships and steamers going up and down Southampton Water will be imposing, owing to the immense proportions of the structure and its nearness to the shore.—*Assoc. Med. Journ.*, Oct. 1856.

The building, it is expected, will cost upwards of a million and a quarter dollars.

—**Prohibition of Quackery in Russia.**—The present Emperor of Russia has evidently taken warning by the fate of his father, who is understood to have favoured homœopathy, and to have been attended by a homœopathic physician—"hinc illa lachrymæ." He has prohibited quackery and quacks throughout all the Russias, with an imperial disregard to the vested interests of the undertakers. At a medical meeting recently held in Paris, a vote of thanks to the Emperor Alexander for setting so good an example was proposed, and, after some opposition, carried. It was to be accompanied by an honorary diploma of fellowship! We anticipate the reply will somewhat resemble that of King Agesilaus, as Plutarch tells the story. "Menecrates the physician, having succeeded in some desperate cases, got the surname of Jupiter. In his vanity he wrote a letter to the king. 'Menecrates Jupiter to King Agesilaus: health.' The answer began thus—'King Agesilaus to Menecrates: his senses.'"—*Lancet*, Nov. 29, 1856.

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